2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# P01000084296

Entity Name: COMPREHENSIVE MEDICAL CARE, P.A.

Current Principal Place of Business:

16244 SOUTH MILITARY TRAIL
STE 140
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

16244 SOUTH MILITARY TRAIL
STE 140
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 65-1142303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: QIAN, KAIFENG DR.
Address: 16244 SOUTH MILITARY TRAIL
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: QIAN, KAIFENG DR.
Address: 16244 SOUTH MILITARY TRAIL, #140
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAIFENG QIAN MD 02/14/2009

Electronic Signature of Signing Officer or Director — Date